

REC'D MAY 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Butler
Township.....
City Poplar Bluff (No. 214 North Front)

Registration District No. 89
Primary Registration District No. 3007

File No. 14151
Registered No. 90
St. _____ Ward _____

2. FULL NAME John David Meroer 126

(a) Residence, No. 214 North Front St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litch Field Kentucky

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT T. W. Meroer (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ash Hill Cemetery PLACE Ash Hill, Mo. DATE May 5, 1938

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 5/6, 1938 Op. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1938, to May 3, 1938

I last saw h. 1m alive on _____, 1938. Death is said to have occurred on the date stated above, at 12:55 A. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Date of onset _____
131-

Other contributory causes of importance:
hypertension & chronic valvular disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. M. Henshaw, M. D.
(Address) Poplar Bluff, Mo.

